JOIN THE LEGION FAMILY!

For nearly a century, The American Legion, American Legion Auxiliary and Sons of The American Legion have worked steadfastly, side by side, promoting patriotism and national security while supporting youth and advocating for veterans and active-duty military personnel and families.

The American Legion Family of over 3 million members also includes American Legion Riders. An American Legion Rider must be a member of The American Legion, Sons of The American Legion or American Legion Auxiliary in order to join a chapter at a local post.

While members of the American Legion Family are individually unique, collectively we are a multi-million member powerhouse of caring advocates dedicated to service. You’ll find that getting connected to the American Legion Family is one of the best decisions you’ll ever make. Please use the enclosed applications to join today.

For details on the American Legion Family, contact:

**The American Legion**

P.O. Box 1055
Indianapolis, IN 46206
(317) 630-1321
ia@legion.org
legion.org

**American Legion Auxiliary**

3450 Founders Road
Indianapolis, IN 46268
(317) 569-4500
alahq@ALAforVeterans.org
ALAforVeterans.org

**Sons of The American Legion**

P.O. Box 1055
Indianapolis, IN 46206
(317) 630-1205
sal@legion.org
legion.org/sons

Follow The American Legion online:

Facebook: legion.org/facebook

Twitter: twitter.com/AmericanLegion

This institution is an equal opportunity provider.
**THE AMERICAN LEGION – MEMBERSHIP APPLICATION**

Name: ____________________________ First __________ Initial: __________ Last: __________ Date of Birth __________

Address: ____________________________ Street: __________ City: __________ State: __________ ZIP: __________

Membership/DN former member: __________ Post #: __________ Email: __________ Gender: __________

☐ Male ☐ Female

**Please check war era and branch of service below:**

- Global War on Terror
- U.S. Army
- U.S. Navy
- U.S. Air Force
- Vietnam
- U.S. Marines
- Korea
- U.S. Coast Guard
- Lebanon/Grenada
- Merchant Marines (WWII only)
- Other Conflicts

**DUES RECEIPT**

(date) ____________________________ Recruiters name ____________________________

Received from ____________________________ for 20______ dues ____________________________

Recruiters signature ____________________________

Recruiters phone # ____________________________

**If you are a new member, send this completed application with annual dues to The American Legion, Attn: Membership, P.O. Box 1055, Indianapolis, IN 46206**

(check www.legion.org/join for dues amount), or take it to a local post. To locate a post near you, click on “Find a Post” at www.legion.org.

**SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION**

Date: ____________________________

Detachment of: ____________________________ Squadron No. __________ Birth date: __________

Name: ____________________________ First __________ Initial: __________ Last: __________

Address: ____________________________ Street: __________ City: __________ State: __________ ZIP: __________ Phone: __________

Veteran through whom eligibility is established: __________

☐ Above is a member in good standing of Post No. __________ Department of __________

☐ Or: Above is a deceased veteran who served honorably from __________ to __________

☐ Or: Relationship of applicant to veteran __________

Has applicant previously been a member of the SAL? __________

Where? ____________________________

I hereby subscribe to the Constitution of the Sons of The American Legion and apply for membership: __________

Email: ____________________________

Transmit $ ____________________________ for 20______ annual membership dues __________

Signed by applicant (or legal guardian if under 18): ____________________________

Eligibility certified by ____________________________

Mail completed application to Sons of The American Legion department/state head quarters. Annual dues must accompany completed application. Ask local contact for amount due. For current detachment address, go to The American Legion department/state head quarters, or visit www.legion.org.

**AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

Full Name: ____________________________

Address: ____________________________ City: __________ State: __________ ZIP: __________

Home phone: __________ Cell phone: __________

Email: ____________________________

Unit # and Location: __________

Date of Birth (if living): __________

Date of Birth (if deceased): __________

Have you been a member previously? __________

☐ Yes ☐ No (If yes, fill in below, if known)

Previous Unit City/State: ____________________________ ALA ID #: __________

Signature of Applicant (or legal guardian if under 18): ____________________________ Date: __________

Submit this application to the ALA unit you wish to join. If unit is unknown, contact National Headquarters at (317) 569-4500 for assistance.

Annual dues must accompany completed application. Ask local contact for amount due. Membership pending approval of application.

**ELIGIBILITY INFORMATION**

☐ Living ☐ Deceased

Eligible Through name of Veteran (if living must be American Legion member if living: __________

American Legion Member ID #: __________ Post #: __________ City: __________ State: __________

☐ Deceased (If veteran is deceased, contact ALA unit about necessary military records.)

☐ Veteran served: check all that apply:

- Global War on Terror
- Lebanon/Grenada
- WWII
- Other Conflicts
- Gulf War
- Vietnam
- Korea
- Other Conflicts
- Anytime After 12/7/1941

Applicant’s relationship to the veteran:

☐ Female Spouse ☐ Male Spouse

☐ Mother ☐ Sister

☐ Self ☐ Direct Descendant (daughter, granddaughter)

To Be Completed By The American Legion Post Adjutant/Officer

I certify that the above named individual served at least one day of active duty during the dates marked above and was honorably discharged or is still serving honorably.

Date: __________

Signature of Applicant: ____________________________

DUES RECEIPT (please print)

(date) ____________________________

Received from ____________________________ for 20______ dues ____________________________

Recruiter’s name ____________________________

Recruiter’s signature ____________________________

Recruiter’s phone # ____________________________

Annual dues must accompany completed application. Ask local contact for amount due. Membership pending approval of application.